

**RECEIVED
CENTRAL FAX CENTER**

MAY 16 2006



Vertex Pharmaceuticals Incorporated
130 Waverly Street • Cambridge, MA 02139-4242
Tel. 617.444.6100 • Fax 617.444.6483
<http://www.vrtx.com>

FAX TRANSMISSION

To	USPTO
Examiner	Rebecca L. Anderson
Fax Number	(571) 273-8300
From	Daniel A. Pearson
Date	May 16, 2006
Application No.	10/626,356
Attorney Docket No.	VPI/00-122 DIV2 US
	Reply to Notice of Non-Compliant Amendment
Total Pages	27

Message or Comment

If any problems occur with this fax transmittal, please call (617) 444-6790 immediately.

RECEIVED
CENTRAL FAX CENTER

002/027

MAY 16 2006

Attorney Docket No.: 00-122 DIV2 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

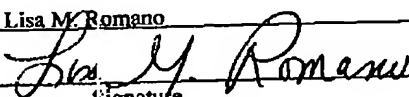
Application No.: 10/626,356
Confirmation No.: 1551
Filing Date: July 24, 2003
Examiner: Rebecca Anderson
Group Art Unit: 1626
Applicants: Michael Hale et al
For: ISOXAZOLE COMPOSITIONS USEFUL AS INHIBITORS OF ERK

May 16, 2006
Cambridge, Massachusetts

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on May 16, 2006.

Lisa M. Romano

Signature

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Notice of Non-Compliant Amendment; ☐ a Petition for Extension of Time; ☐ a Declaration; ☐ a Power of Attorney; ☐ a copy of a Notice to File Missing Parts; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

Applicants: Michael R. Hale
Application No. 10/626,356

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X \$ 200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$ 360	= \$
TOTAL				\$ 0

* If less than 20, insert 20.

** If less than 3, insert 3.

☐ A check in the amount of \$__ in payment of the filing fee is transmitted herewith.

☐ Please charge \$__ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Michael R. Hale
Application No. 10/626,356

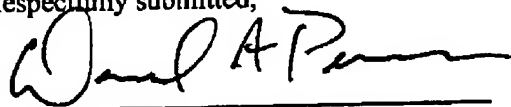
EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$_____ to Deposit Account No. 50-0725 in payment of the for _____ (37 C.F.R. §_____).

Respectfully submitted,



Daniel A. Pearson (Reg. No. 58,053)
Agent for Applicants
Karen E. Brown (Reg. No. 43,866)
Attorney for Applicants
c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6790
Fax: (617) 444-6483
Customer No. 27916

RECEIVED
CENTRAL FAX CENTER

MAY 16 2006

Attorney Docket No.: 00-122 DIV2 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/626,356
Confirmation No.: 1551
Filing Date: July 24, 2003
Examiner: Rebecca Anderson
Group Art Unit: 1626
Applicants: Michael Hale et al
For: ISOXAZOLE COMPOSITIONS USEFUL AS INHIBITORS OF ERK

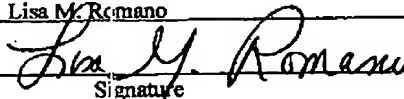
May 16, 2006
Cambridge, Massachusetts

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being facsimile transmitted to the United States Patent and Trademark Office on May 16, 2006.

Lisa M. Romano


Signature

TRANSMITTAL LETTER

Sir:

Transmitted herewith: ☒ a Reply to Notice of Non-Compliant Amendment; ☐ a Petition for Extension of Time; ☐ a Declaration; ☐ a Power of Attorney; ☐ a copy of a Notice to File Missing Parts; ☐ a Response to Notice to File Missing Parts; ☐ a Supplemental Declaration; ☐ an Associate Power of Attorney; ☐ a substitute Specification; ☐ formal drawings; ☐ Notice of Appeal; ☐ Appeal Brief; ☐ Petition for Revival; to be filed in the above-identified patent application.

Applicants: Michael R. Hale
Application No. 10/626,356

FEE FOR ADDITIONAL CLAIMS

☒ A fee for additional claims is not required.

☐ A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	* =	X	\$ 50	= \$ 0
INDEPENDENT CLAIMS	-	** =	X	\$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+	\$360	= \$
* If less than 20, insert 20.				TOTAL	\$ 0
** If less than 3, insert 3.					

☐ A check in the amount of \$___ in payment of the filing fee is transmitted herewith.

☐ Please charge \$___ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Michael R. Hale
Application No. 10/626,356

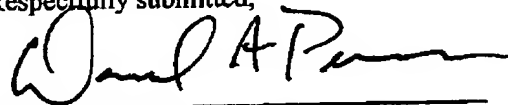
EXTENSION FEE

- ☐ The following extension is applicable to the Response filed herewith; ☐ \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); ☐ \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); ☐ \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a); ☐ \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).
- ☐ A check in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 in payment of the extension fee is transmitted herewith.
- ☐ Please charge the extension fee in the amount of ☐ \$120.00; ☐ \$450.00; ☐ \$1,020.00; ☐ \$1,590.00; ☐ \$2,160.00 to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.
- ☒ The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

- ☐ Please charge \$_____ to Deposit Account No. 50-0725 in payment of the for _____ (37 C.F.R. §_____).

Respectfully submitted,



Daniel A. Pearson (Reg. No. 58,053)

Agent for Applicants

Karen E. Brown (Reg. No. 43,866)

Attorney for Applicants

c/o Vertex Pharmaceuticals Incorporated

130 Waverly Street

Cambridge, Massachusetts 02139

Tel: (617) 444-6790

Fax: (617) 444-6483

Customer No. 27916

**RECEIVED
CENTRAL FAX CENTER**

MAY 16 2006

Attorney Docket No. VPI/00-122 DIV2 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/626,356
Confirmation No.: 1551
Filing Date: July 24, 2003
Examiner: Rebecca L. Anderson
Group Art Unit: 1626
Applicants: Michael Hale et al.
For: ISOXAZOLE COMPOSITIONS USEFUL AS INHIBITORS OF ERK

May 16, 2006
Cambridge, Massachusetts

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY TO NOTICE OF NON-COMPLIANT AMENDMENT

Sir:

This is in response to the May 12, 2006 Notice of Non-Compliant Amendment (hereafter "Notice") in the above-identified application. A response is due June 12, 2006. Accordingly, this reply is timely filed.

Amendments to the claims begin on page 2 of this Reply.

Remarks begin on 20 of this Reply.